Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL092131 09/23/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **201 WEST HIGH STREET PHOENIX ASSISTED CARE** CARY, NC 27513 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Survey by Billy S. Bryant and Dennis Harrell conducted on 09/23/2015. Records indicate this facility was first licensed or submitted for licensure on 08/01/1988. The facility is currently licensed for 120 Beds including a 36 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1978 (Revision 9) Edition of the North Carolina Building Code(s). Institutional Occupancy and the 1987 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 160 C 160 Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: I. Based on observation the grounds are not being maintained in a safe manner. This could effect those coming to the facility to render emergency services. A. Finding on 09/25/2015: 1. Exterior - There are areas of the parking lot where the subgrade has failed and the concrete paving is badly deteriorated such that it may not support heavy vehicles such as a fire fighting apparatus.

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST HIGH STREET CARY, NC 27513 CARY, NC 27513 CARY CAR	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
PHOENIX ASSISTED CARE 201 WEST HIGH STREET CARY, NC 27513 27513			HAL092131	B. WING		09/23/2015	
CARY, NC 27513 SUMMARY STATEMENT OF DEFICIENCIES FREETRY TAG	NAME OF F	STATE, ZIP CODE					
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) C 166 Housekeeping-Maintained Free of Hazards SECTION, 0300 - PHYSICAL PLANT 10ANCAC 13F. 0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: I. Based on observation the facility is not being maintained free from hazards. Doors are required to completely close and latch in order to resist the passage of smoke in the event of a fire. All the occupants in the facility out of a fire. All the occupants in the facility out of the area of origin. A. Findings on 09/23/2015: 1. Room #10 - The doors to the corridor did not latch to remain closed when pulled to. 2. Room #16 - The doors to the corridor did not latch to remain closed when pulled to. II. There are oxygen bottles stored in the room without any restraining device or other means to prevent them from falling or being knocked over or are stored in improper crates. Oxygen bottles that are not stored in an oxygen bottles that are not stored in an oxygen bottles who are not stored in an oxygen bottles or otherwise restrained from falling or being maintained free falling maintai	PHOENIX	ASSISTED CARE			EET		
SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: I. Based on observation the facility is not being maintained free from hazards. Doors are required to completely close and latch in order to resist the passage of smoke in the event of a fire. All the occupants in the facility could be effected if doors do not latch and remain shut when closed so as to limit the spread of smoke to the area of origin. A. Findings on 09/23/2015: 1. Room #10 - The doors to the corridor did not latch to remain closed when pulled to. 2. Room #16 - The doors to the corridor did not latch to remain closed when pulled to. 3. Living room - The doors to the corridor did not latch to remain closed when pulled to. II. There are oxygen bottles stored in the room without any restraining device or other means to prevent them from falling or being knocked over or are stored in improper crates. Oxygen bottles that are not stored in an oxygen bottler ack or oftherwise restrained from falling or being	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	COMPLETE
knocked over may present a danger to the occupants of the facility.	C 166	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards; (e) This Rule shall facilities. This Rule is not me I. Based on observe maintained free from to completely close passage of smoke occupants in the fad on not latch and rer to limit the spread of the limit the spread of the latch to remain close 2. Room #10 - The latch to remain close 3. Living room - The latch to remain close 11. There are oxyger without any restrain prevent them from or are stored in imput that are not stored in otherwise restrainer knocked over may	PHYSICAL PLANT 06 HOUSEKEEPING AND es shall: In an uncluttered, clean and e of all obstructions and apply to new and existing et as evidenced by: ation the facility is not being m hazards. Doors are required and latch in order to resist the in the event of a fire. All the cility could be effected if doors main shut when closed so as of smoke to the area of origin. 3/2015: doors to the corridor did not sed when pulled to. doors to the corridor did not sed when pulled to. e doors to the corridor did not fied when pulled to. In bottles stored in the room ling device or other means to falling or being knocked over proper crates. Oxygen bottles in an oxygen bottle rack or d from falling or being present a danger to the	C 166			

Division of Health Service Regulation STATE FORM

JQA821 If continuation sheet 2 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
			7. BOILDING.	•		
		HAL092131	B. WING		09/2	3/2015
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
PHOENIX	ASSISTED CARE	201 WEST CARY, NO	「HIGH STRE :27513	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 2	C 166			
	A. Findings on 09/23/2015: 1. Med Room - There oxygen bottles stored in upright position and unrestrained. 2. RCC Office - There oxygen bottles stored in a					
	soda storage crate. 3. Room # 23 - There oxygen bottles stored in a soda storage crate.					
	II. Based on observation the facility was maintained free from hazards due to door hardware along residents' path of travel that is missing components. This could effect the residents who use the path of travel.					
		oors - The push bar panic were missing leaving sharp				
C 189	Building Equipment	: Maintained Safe, Operating	C 189			
	mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER and all fire safety, electrical, ambing equipment in an adult amaintained in a safe and				
	maintain fire safety	et as evidenced by: ation there is a failure to systems in the facility in a resistant rated ceilings must				

Division of Health Service Regulation STATE FORM

JQA821 If continuation sheet 3 of 5

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND I LAIN	AND FLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING: 01		COWIFLETED	
		HAL092131	B. WING		09/2	3/2015
NAME OF PROVIDER OR SUPPLIER STREET ADD				STATE, ZIP CODE		
	, , <u>, , , , , , , , , , , , , , , , , </u>		HIGH STR			
PHOENIX	(ASSISTED CARE	CARY, NC				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				,		
C 189	Continued From pa	ge 3	C 189			
	be free from opening	ngs and penetrations in order				
		of fire and smoke in the event				
	of a fire. Penetration	ns or holes in fire resistant				
		effect the occupants of the				
		ire and smoke to spread				
	beyond the area of	origin.				
	A Finalinana an 00/0	12/0045				
	A. Findings on 09/2	n of fire resistant rated				
		nsealed penetrations as				
		imited to the specific examples				
	cited below:	initied to the specime examples				
	a. Med Supply Room, Across from Dining Room -					
	Open ended pipe sleeve through the fire resistant					
	rated ceiling creating an opening into the attic					
	space.					
	h Rusiness Office. Open anded pine cleave					
	b. Business Office - Open ended pipe sleeve through the fire resistant rated ceiling creating an					
	opening into the attic space.					
	II. Based on observ	ration the facility is not				
	successful in maint	aining all fire safety systems,				
		ices in a safe condition.				
		fire safety systems and				
		function as intended could				
		acuation of the facility and				
	effect all occupants fire.	in the facility in the event of a				
	m G.					
	A. Findings on 09/2	3/2015:				
		d emergency light adjacent to				
		#39 did not work when tested				
	on battery power.					
		t - The manual override for the				
		em was not clearly identfied				
	and labeled.					

6899

Division of Health Service Regulation STATE FORM

If continuation sheet 5 of 5

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL092131	B. WING		09/2	3/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
PHOENI	ASSISTED CARE	201 WEST CARY, NC	HIGH STRE 27513	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 189	Continued From pa	ge 4	C 189				
	Laundry - The delayed egress exit door did not give an audible signal when tested.						
	4. Kitchen area - There was no access panel to enable the duct smoke detector for the duct serving the kitchen area to be serviced and maintained.						
	responsible for eva-	t - The staff persons cuation did not have a key to override for the magnetic lock n the courtyard.					
	III. Based on observation electrical equipment in the facility was not maintained in a safe or operable. Electrical equipment that does not function or improperly installed effects the staff and residents.						
		5/2015: Room - An electric fan was ension cord wired into the					
	2. Laundry - The lig	ht fixtures did not work.					
		t - The light fixture in the s loose and suspended by its					
	4. Special Care Uni fixture did not work.	t - Trash Room - The light					

6899

Division of Health Service Regulation STATE FORM

JQA821